	BIRTH NO.		CERTIFICA	IE OF DEATH		
c 16	1. PLACE OF DEATH			1 2 (ISHA) BECIDENCE	REGISTRAR'S NO.	
CE OF DEATH	A. COLINIX			2. USUAL RESIDENCE A. STATE ARIZO	(WHERE DECEASED LIVED, IF INSTITUTION: RESIDEN NA B. COL	CE BEFORE ADMISSION).
LAND DY	B. CITY (IF OUTSIDE	CORPORATE LIMITS, WRIT	E C. LENGTH OF STAY	C. CITY (IF OUTSIDE	CORPORATE LIMITS, WRITE	IUMA
AL RESIDENCE	TOWN YUMA	RURAL) RURAL	A days Of	TOWN WELLTON		. RUHAL)
=	D. FULL NAME OF	(IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	D. STREET	(IF RURAL	GIVE LOCATION)
0702	INSTITUTION Y	UMA COUNTY GENE	RAL HOSPITAL	WELLTON, RURAL		
	3. NAME OF A. DECEASED	(FIR5T) B.	(MIODLE) C.	(LAST)	4. SEX	5. COLOR OR RACE
7	(TYPE OR PRINT)	WILLIAM	0.	SEALE	v	THE
/	6. MARRIED	I MONTH I DAY VEAD	8. AGE YEARS MONTHS DAYS	IF UNDER 24 HOURS	9A. USUAL OCCUPATION	(GIVE KIND OF WORK
ECEDENT /		1 100 170			Construction :	COREMAN OF WORK
ERSONAL 19	MESS_OR INDUSTRY	_ OK FOREIGN COUNTRY	TE 11. CITIZEN OF WHAT	12. WAS DECEASED EVER	IN U. S. ARMED FORCES?	13 SOCIAL SECURITY
DATA/Y/	Building	Chism, Okla	l US	l No		NO.
	14A. FATHER'S NAME		14B. BIRTHPLACE	15A. MOTHER'S MAIDE	N NAME	ISB. BIRTHPLACE
4	Martin E. Seal		Illinois	Donna Gounle	v	(STATE OR COUNTRY)
	16. INFORMANT'S SIG	~	ADDRESS	17. DATE		Illinois
//	Hanna Hayne	is Jac	un, Clicy	OF DEATH	JULY	- · ·
,	18. CAUSE OF DEATH		MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
CAUSE	ENTER ONLY ONE CAUSE	I. DISEASE OR COND DIRECTLY LEADING	ITIONS	ub arocha	man Alamand	ONSET AND DEATH
	THIS DOES NOT NEAN ANTHONORING					
OF	THE MODE OF DYING. Such as heart fail.	MODE OF DYING. MORBID CONDITIONS, IF ANY, GIVING DUE TO (b).				
DEATH	URE, ASTHENIA, ETC. RISE TO THE ABOVE CAUSE (4) STAT. IT MEANS THE DISEASE ING THE UNDERLYING CAUSE LAST.					
TEM 18)	INJURY, OR COMPLICA- TION WHICH CAUSED	INJURY, OR COMPLICA-				
	II. OTHER SIGNIFICANT CONDITIONS					
01	TRACTED.	I RELATING TO THE DISEA	ING TO THE DEATH BUT NOT	DEATH.		
RATIONS,	19A. DATE OF OPERAT	ROLAM .BEI NOIT	FINDINGS OF OPERATION			20. AUTOPSY?
UTOPSY &	· · · · · · · · · · · · · · · · · · ·					YES D NO AT
DEATH /	21A. ACCIDENT SUICIDE	(SPECIFY)	21B. PLACE OF INJURY	(E. G., IN OR ABOUT HOME,	21C. (CITY OR TOWN)	(COUNTY) (STATE)
IVE TO +	HOMICIDE		PARM, PACIORT, STR	EET, OFFICE BLDG., ETC.)		\-\(\frac{1}{2}\)
TERNAL	21D. TIME (MONTH)	(DAY) (YEAR) (HOUR)		21F. HOW DID INJURY	OCCUR?	
OLENCE /	YAULNI	M	WHILE AT NOT WHILE			
EDICAL	22. I HEREBY CERTIFY	Y THAT I ATTENDED THE DE	ECEASED FROM Auly 11	5 0 # - du De.	44~ X~V	
ORONER'S	ALIVE ON July &	5. 19 D 7 AND THAT	DEATH OCCURRED AT 1361	177770	ON THE DATE STATED ABOV	AST SAW THE DECEASED
IFICATION /	23A. SIGNATURE		GREE OR TITLE	23B. ADDRESS	ON THE DATE STATED ABOV	23C. DATE SIGNED
THE ATTOR		VI VICE	of Mil	Stewa	dry	As10, 17/50
INERAL O	24A. BURIAL A	248. DATE .	24C. NAME OF CEMETE	RY OR CHEMATORY	240. LOCATION (CITY.)	TOWN. OR COUNTY) (STATE)
RECTOR 72	REMOVAL D July 29, 1950 Garden of Devotion Park Yuma: Arizona					
AND /	LOCAL REG. ADDRESS					
IISTRAR					Mortuary, Inc.	Box 310
	_ [-2	·	27. EMBALMER'S SIGN	TURE /	Yuma, Azizona
125	7-27-54	Marie	helson	- Weston	teleson /	91L
18		F0511 110 0 0011				-/

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